

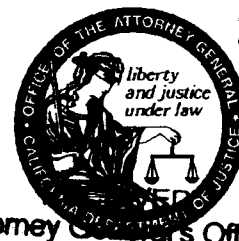
IN
MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

ANNUAL
REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



Attorney General's Office

State Charity Registration Number <u>117196</u>		Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report		MAY 10 2018 Registry of Charitable Trusts			
MY SISTER'S HOUSE Name of Organization		Corporate or Organization No. <u>2326772</u>					
3053 FREEPORT BLVD. #120 Address (Number and Street)		Federal Employer I.D. No. <u>68-0464114</u>					
SACRAMENTO, CA 95818 City or Town		State ZIP Code					
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts							
Gross Annual Revenue		Fee		Gross Annual Revenue		Fee	
Less than \$25,000		0		Between \$1,000,001 and \$10 million		\$150	
Between \$25,000 and \$100,000		\$25		Between \$10,000,001 and \$50 million		\$225	
				Greater than \$50 million		\$300	
PART A - ACTIVITIES							
For your most recent full accounting period (beginning <u>7/01/16</u> ending <u>6/30/17</u>) list:							
Gross annual revenue \$ <u>1,716,089.</u> Total assets \$ <u>1,109,639.</u>							
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT							
Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.							
						Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?						<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?						<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?						<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.						<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.						<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 1						<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred. SEE STATEMENT 2						<input checked="" type="checkbox"/>	<input type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. SEE STATEMENT 3						<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?						<input type="checkbox"/>	<input checked="" type="checkbox"/>
Organization's area code and telephone number <u>(916) 930-0626</u>							
Organization's e-mail address <u>INFO@MY-SISTERS-HOUSE.ORG</u>							
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.							
Nilda Guanzon Valmores Signature of authorized officer						5/5/18 Date	
NILDA GUANZON VALMORES Printed Name						EXECUTIVE DIR. Title	

STATEMENT 1
FORM RRF-1, PART B, LINE 6
GOVERNMENT AGENCY THAT PROVIDED FUNDING

CAL-OES
3650 SCHIEVER ROAD
MATHER, CA 95655
CONTACT: DANIELLE NIETO & CHRISTY SANTOS
PHONE: (916) 8458301

SACRAMENTO EMPLOYMENT & TRAINING AGENCY
925 DEL PASO BLVD.
SACRAMENTO, CA 95815
CONTACT: TERRI CARPENTER
PHONE: (916) 263-3800

DEPARTMENT OF HUMAN ASSISTANCE
2433 MARCONI AVENUE
SACRAMENTO, CA 95821
CONTACT: MANAGER
PHONE: (916) 875-3601

SACRAMENTO REGIONAL EMERGENCY FOOD AND SHELTER BOARD
2020 HURLEY WAY, STE. 420
SACRAMENTO, CA 95825
CONTACT: MANAGER
PHONE: (916) 447-7063

COUNTY OF SACRAMENTO
700 H STREET, STE 7650
SACRAMENTO, CA 95814
CONTACT: BRADLEY HUDSON
PHONE: 916-874-5833

U.S. COMMITTEE FOR REFUGEES & IMMIGRANTS
2231 CRYSTAL DRIVE, STE 350
ARLINGTON, VA 22202-3711
CONTACT: AMANDA PERSAD, PROGRAM OFFICER
PHONE: 703-310-1130

DEPARTMENT OF JUSTICE
OFFICE OF VIOLENCE AGAINST WOMEN
145 N ST. NE, STE 10W.121
WASHINGTON, D.C. 20530
CONTACT: PAUL TESSIER
PHONE: 202-353-8408

STATEMENT 2
FORM RRF-1, PART B, LINE 7
NUMBER AND DATES OF RAFFLES

MY SISTER'S HOUSE CONDUCTED TWO RAFFLES ON 10/1/16 AND 5/15/17 IN CONNECTION WITH THEIR HIGH TEA EVENT AND AWARDS EVENT, RESPECTIVELY.

2016

CALIFORNIA STATEMENTS

PAGE 2

MY SISTER'S HOUSE

68-0464114

STATEMENT 3
FORM RRF-1, PART B, LINE 8
VEHICLE DONATION PROGRAM INFORMATION

MY SISTER'S HOUSE CONTRACTS WITH INSURANCE AUTO AUCTIONS, 2 WESTBROOK CORPORATE
CENTER, SUITE 500, WESTCHESTER, IL 60154.